

UDC Appendix

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Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73		WISCONSIN UNIFORM BUILDING PERMIT APPLICATION Instructions on back of yellow ply. The information you provide may be used by other government agency programs (Privacy Law, s. 15.04 (1)(m))			Application No. Parcel No.					
PERMIT REQUESTED		<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control Other:								
Owner's Name		Mailing Address			Tel.					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#	Mailing Address		Tel.					
					FAX					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#	Mailing Address		Tel.					
					FAX					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#	Mailing Address		Tel.					
					FAX					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#	Mailing Address		Tel.					
					FAX					
PROJECT LOCATION		Lot area	Sq. ft.	of Section , T N, R E (or) W						
Building Address		Subdivision Name		Lot No.		Block No.				
Zoning District(s)	Zoning Permit No.	Setbacks:	Front	Rear	Left	Right				
			ft.	ft.	ft.	ft.				
1. PROJECT	3. OCCUPANCY	6. ELECTRICAL	9. HVAC EQUIPMENT	12. ENERGY SOURCE						
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other:	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	Entrance Panel Amps: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead 7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar
				Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Dwelling unit has 3 kilowatt or more electric space heating equip. Infiltration control option is <input type="checkbox"/> Sealing of all joints <input type="checkbox"/> Blower door test. <input type="checkbox"/> Exterior air infiltration barrier						
2. AREA INVOLVED	4. CONST. TYPE	8. USE	10. SEWER	13. HEAT LOSS (Calculated)						
Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft.	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> UDC <input type="checkbox"/> HUD 5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other:		<input type="checkbox"/> Municipal <input type="checkbox"/> Septic Permit No.:	Envelope _____ BTU/HR						
				Infiltration _____ BTU/HR						
				14. EST. BUILDING COST						
	<input type="checkbox"/> Plus Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	11. WATER	\$						
			<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well							
I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the pink ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.										
APPLICANT'S SIGNATURE _____ DATE SIGNED _____										
APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.										
ISSUING JURISDICTION		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of:			Municipality Number of Dwelling Location					
					_____ - _____					
FEES:		PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:						
Plan Review	\$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion		Name _____						
Inspection	\$ _____			Date _____ Tel. _____						
Wis. Permit Seal	\$ _____			Cert No. _____						
Other	\$ _____									
Total	\$ _____									

INSTRUCTIONS

The owner, builder or agents shall complete the application form down through the Signature of Applicant block and submit it and building plans and specifications to the enforcing municipality. Permit application data is used for statewide statistical gathering on new one- and two-family dwellings, as well as for local code administration.

PERMIT REQUESTED

- Check off type of Permit Requested, such as structural, HVAC, Electrical or Plumbing.
- Fill in owner's current Mailing Address and Telephone Number.

PROJECT LOCATION

- Fill in Building Address (number and street or sufficient information so that the building inspector can locate the construction site.
- Fill in Contractor Information. Note, per s. 101.63 (7) Wis. Stats., that the master plumber name and number must be entered before issuing a plumbing permit.
- Local zoning, land use and flood plain requirements must be satisfied before a building permit can be issued. County approval may be necessary.
- Fill in Zoning District, lot area and required building setbacks.

PROJECT DATA - Fill in all numbered project data blocks (1-14) with the required information. All data blocks must be filled in, including the following:

2. Area (involved in project):
 - Basements - include unfinished area only
 - Living area - include any finished area including finished areas in basements
 - Two-family dwellings - include total combined areas
3. Occupancy - Check only "Single-Family" or "Two-Family" if that is what is being worked on. In other words, do not check either of these two blocks if only a new detached garage is being built, even if it serves a one or two family dwelling. Instead, check "Garage" and number of stalls. If the project is a community based residential facility serving 3 to 8 residents, it is considered a single-family dwelling.
9. HVAC Equipment - Check only the major source of heat, plus central air conditioning if present. Only check "Radiant Baseboard or Panel" if there is no central source of heat.
10. Plumbing - A building permit cannot be issued until a county sanitary permit has been issued for any new or affected existing on-site sewage system.
14. Estimated Cost - Include the total cost of construction, including materials and market rate labor, but not the cost of land or landscaping.

SIGNATURE - Sign and date this application form.

CONDITIONS OF APPROVAL - The authority having jurisdiction uses this section to state any conditions that must be complied with pursuant to issuing the building permit.

ISSUING JURISDICTION: This must be completed by the authority having jurisdiction.

- Check off Municipality Status, such as town, village or city.
- Fill in Municipality Name and Municipality Number of inspection authority.
- Fill in Municipality Number of Dwelling Location if different from municipality where inspection authority is located. (applies to county or state enforcement)
- Check off type of Permit Issued, such as construction, HVAC, electrical or plumbing.
- Fill in Wisconsin Uniform Permit Seal Number, if project is a new one- or two-family dwelling.
- Fill in Name and Inspector Certification Number of person reviewing building plans and date building permit issued.

PLEASE RETURN YELLOW COPY WITHIN 30 DAYS AFTER ISSUANCE TO (You may fold along the dashed lines and insert this form into a window envelope.):

**Safety & Buildings Division
P O Box 2509
Madison, WI 53701-2509**

CAUTIONARY STATEMENT TO OWNERS OBTAINING BUILDING PERMITS

101.65(lr) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654 (2) (a), the following consequences might occur:

(a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence of the contractor that occurs in connection with the work performed under the building permit.

(b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and 2- family dwelling code or an ordinance enacted under sub. (1) (a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

SITE INFO

SUBDIVISION _____

LOT NO. _____ BLOCK NO. _____

ZONING DISTRICT _____

_____ 1/4, _____ 1/4, SEC _____, T _____, N, R _____ E or W

PARCEL NO. _____

SETBACKS:

FRONT _____ ft REAR _____ ft

LEFT _____ ft RIGHT _____ ft

Work shall not proceed until the inspector has approved the various stages of construction or the 48 business hr. period since notification has elapsed. This permit will expire 24 months after the date of issuance if the building's exterior has not been completed. **Keep this card posted until final inspection has been made.** (WI Stats. 101.63) _____

WISCONSIN UNIFORM BUILDING PERMIT # _____

affix uniform
permit seal here
(when applicable)
Seal No

INSPECTIONS

PHASE	ROUGH	FINAL	EROSION
FOOTING			
FOUNDATION			
BSMT DRAIN TILES			
CONSTRUCTION			
PLUMBING			
HEAT/VENT/AC			
ELECTRICAL			
INSULATION			
OCCUPANCY			

☐ const ☐ hvac ☐ elec ☐ plumb ☐ erosion

Project _____

Issued to _____ OWNER (AGENT)

BUILDING SITE ADDRESS _____

CITY, VILLAGE, TOWN _____

CONTRACTORS

_____ # _____
G.C. _____ # _____
HVAC _____ # _____
ELECT. _____ # _____
PLBG. _____ # _____

Issued
by _____

PERSON ISSUING _____

CERT. NO. _____

DATE ISSUED _____

TELEPHONE _____

Comments: _____

NOTICE OF NONCOMPLIANCE: This issuing jurisdiction shall notify the applicant in writing of any violations to be corrected. All cited violations shall be corrected within 30 days of notification, unless extension time is granted.

**INSPECTION REPORT AND
NOTICE OF NONCOMPLIANCE**

Report Date:	Inspection Date	Permit No.:	Parcel No:	
Project Address		Subdivision	Lot No.:	Block No.:
Inspection Type(s)	<input type="checkbox"/> Footing <input type="checkbox"/> Heat/Vent/AC	<input type="checkbox"/> Erosion Control <input type="checkbox"/> Plumbing	<input type="checkbox"/> Foundation <input type="checkbox"/> Electrical	<input type="checkbox"/> Bsmt Drain Tile <input type="checkbox"/> Insulation/Energy
Owner:		Contractor:		

AN INSPECTION OF THE ABOVE PREMISES HAS DISCLOSED THE FOLLOWING NONCOMPLIANCES:

ORDER NO.	CODE SECTION	FINDINGS AND REQUIREMENTS

IMPORTANT: Please report when violation are corrected. AVOID DELAY

NOTICE OF NONCOMPLIANCE

All cited violations shall be corrected within 30 days after written notification unless an extension of time is granted. Each day that the violation continues after notice shall constitute a separate offense and is subject to remedies and penalties by the authority having jurisdiction.

Enforcement Jurisdiction:	<input type="checkbox"/> Town <input type="checkbox"/> Village	<input type="checkbox"/> County <input type="checkbox"/> State	<input type="checkbox"/> City OF	Authority By Municipal Ordinance Section::
Inspector's Name:		Violations Explained To:		Compliance Date:
Inspector's Address:		Office Hours:	Telephone No:	

DO NOT REMOVE

OFFICIAL MUNICIPAL NOTICE OF VIOLATION

LOCATION: _____

- ☐ **LACKING** _____ **PERMIT(S)** ☐ **NEED FOR** _____ **INSPECTION**
☐ **EXPIRED** _____ **PERMIT** ☐ **PREMISES HOUSEKEEPING**
☐ **UNFIT FOR HUMAN OCCUPANCY**
☐ **EROSION CONTROL PERIMETER MEASURES** ☐ **INSTALL** ☐ **MAINTAIN**
☐ **ROCK DRIVEWAY** ☐ **INSTALL** ☐ **MAINTAIN**
☐ **SEDIMENT CLEANUP** ☐ **STREET & SIDEWALKS** ☐ **ADJOINING PROPERTY**

OTHER: _____

ACTION:

- ☐ **CONTACT INSPECTOR** ☐ **NOW** ☐ **AFTER CORRECTIONS**
☐ **CORRECT** ☐ **NOW** ☐ **END OF TODAY (TRACKING CLEANUP)**
 ☐ **BY END OF NEXT WORKDAY (SEDIMENT CLEANUP)**
 ☐ **IN 72 HRS (EROSION CONTROLS)** ☐ **BY** _____
☐ **STOP ALL WORK** ☐ **EXCEPT CORRECTIONS**

FAILURE TO COMPLY SUBJECTS YOU TO APPLICABLE FINES & PENALTIES

MUNICIPAL INSPECTOR
SBD-10266 (N.10/95)

PHONE NUMBER

DATE

Safety and Buildings Division
201 W. Washington Avenue
P O Box 7162
Madison, WI 53707-7162
Telephone: (608) 266-3151

PETITION FOR VARIANCE INFORMATION AND INSTRUCTIONS - ILHR 3

In instances where exact compliance with a particular code requirement cannot be met or alternative designs are desired, the Division has a petition for variance program where it reviews and considers acceptance of alternatives which are not in strict conformance with the letter of the code, but which meet the intent of the code. **A variance is not a waiver from a code requirement.** The petitioner must **provide an equivalency which meets the intent** of the code section petitioned to obtain a variance. Documentation of the rationale for the equivalency is requested below. Failure to provide adequate information may delay your petition. Pictures, sketches, and plans may be submitted to support equivalency. If the proposed equivalency does not adequately safeguard the health, safety, and welfare of building occupants, frequenters, firefighters, etc., the variance request will be denied. NOTE: A SEPARATE PETITION IS REQUIRED FOR EACH BUILDING AND EACH CODE ISSUE PETITIONED (i.e., 57.13 window issue cannot be processed on the same petition as 51.16 stair issue). It should be noted that **a petition for variance does not take the place of any required plan review submittal.**

The Division is unable to process petitions for variance that are not properly completed. Before submitting the application, the following items should be checked for completeness in order to avoid delays:

- Petitioner's name (typed or printed)
- Petitioner's signature
- The Petition For Variance Application must be signed by the owner of the building or project unless a Power of Attorney is submitted.
- Notary Public signature with affixed seal
- Analysis to establish equivalency, including any pictures, illustrations or sketches of the existing and proposed conditions to clearly convey your proposal to the reviewer.
- Proper fee
- Any required position statements by fire chief or municipal official

A position statement from the chief of the local fire department is required for fire safety issues. **No position statement is required for** non-fire safety topics such as sanitary and energy conservation. Position statements for both the fire department and municipality are required for ILHR 69 barrier-free petitions. For rules relating to one- and two-family dwellings, only a position statement from the local enforcing municipality is required. Position statements must be completed and signed by the appropriate fire chief or municipal enforcement official. See the back of SBD-9890, Petition For Variance Application form for these position statement forms. Signatures or seals on all documents must be originals. Photocopies are not acceptable.

Contact numbers and fees for the Division's review of the petition for variance are as follows:

Chapters ILHR 20-25, Uniform Dwelling Code	(608) 267-5113	\$125.00
Chapters ILHR 67-68, Rental Unit Energy Efficiency Code ...	(608) 266-1930	\$125.00
Chapters ILHR 50-64, Commercial Building Code	(608) 266-1835	\$490.00
Chapter ILHR 66, Uniform Multi-Family Dwellings	(608) 266-0669	\$490.00
<ul style="list-style-type: none">• The cities of Milwaukee and Madison may process requests for variances from Chapters ILHR 50 through 64 requirements on projects in their jurisdiction.)		
Chapter ILHR 66, Multifamily Dwelling.....	(608) 266-1930	\$490.00
Chapter ILHR 69, Barrier-Free Requirements	(414) 548-8609	\$200.00
Chapter ILHR 70, Historic Building Code	(715) 524-3626	\$300.00
All Other Chapters		\$200.00
Boilers and Pressure Vessels	(414) 548-8617	
Electrical	(608) 266-7529	
Elevators	(414) 521-5444	
Flammable Liquids.....	(608) 266-7529	

Priority Review: Does not apply to Uniform Dwelling Code or Historic Building Code issues which already are treated as a priority. ... Above Amounts Double

Except for special cases, the Division will review and make a determination on a petition for variance within 30 business days of receipt of all calculations, documents, and fees required for the review. Uniform Dwelling Code petitions will be processed within 5 business days. Priority petitions will be processed within 10 business days.

Petitions for variance should be submitted to:

**Safety and Buildings Division
201 West Washington Avenue
P O Box 7162
Madison, Wisconsin 53707
(608) 266-3151**

Elevator or barrier-free petitions may be submitted directly to the Waukesha office.

General Plumbing or Private Sewage petitions may be submitted to any of the six full-service offices.

GREEN BAY S&BD	HAYWARD S&BD	LACROSSE S&BD	MADISON S&BD	SHAWANO S&BD	WAUKESHA S&BD
2331 San Luis Place Green Bay, WI 54304 920-492-5601 FAX: 920-492-5604	15837 USH 63 Hayward, WI 54843 715-634-4870 FAX: 715-634-5150	2226 Rose Street La Crosse, WI 54603 608-785-9334 FAX: 608-785-9330	201 W. Washington Ave. P.O. Box 7162 Madison, WI 53707-7162 608-261-8490 FAX: 608-267-9566	1340 Green Bay St Shawano, WI 54166 715-524-3626 FAX: 715-524-3633	401 Pilot Court Waukesha, WI 53188 414-548-8600 FAX: 414-548-8614

SBD-9890 (R.01/98)

PETITION FOR VARIANCE APPLICATION

Safety and Buildings
Division
201 W. Washington Ave.
P.O. Box 7162
Madison, WI 53707
Page 1 of

Dept. Use Only
Plan No.

PLEASE TYPE OR PRINT CLEARLY - Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m)].

1. Owner Information		2. Project Information	3. Designer Information	
Name		Building Occupancy Chapter(s) and Use	Designer	Registration No.
Company Name		Tenant Name (if any)	Design Firm	
Number and Street		Building Location (number and street)	Number and Street	
City, State, Zip Code		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of	City, State, Zip Code	
Contact Person		County of	Contact Person	
Telephone Number ()	FAX Number ()	Property ID # (tax parcel # - contact county)	Telephone Number ()	FAX Number ()

4. Plan Review Status

Review by	<input type="checkbox"/> On hold	<input type="checkbox"/> Already built
<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/> Preliminary design	<input type="checkbox"/> Built according to older code but must be brought into compliance with current code
	<input type="checkbox"/> Approved, requesting revision	<input type="checkbox"/> Plan will be submitted after petition determination
	<input type="checkbox"/> Submitted with petition	<input type="checkbox"/> Other

Plan Number _____

5. State the code section being petitioned AND the specific condition or issue you are requesting be covered under this petition for variance.

6. Reason why compliance with the code cannot be attained without the variance. _____

7. State your proposed means and rationale of providing equivalent degree of health, safety, or welfare as addressed by the code section petitioned.

8. List attachments to be considered as part of the petitioner's statements (i.e., model code sections, test reports, research articles, expert opinion, previously approved variances, pictures, plans, sketches, etc.).

VERIFICATION BY OWNER - PETITION IS VALID ONLY IF NOTARIZED WITH AFFIXED SEAL AND ACCOMPANIED BY REVIEW FEE (See Section Comm 2.52 for complete fee information)

Note: Petitioner must be the owner of the building or project. Tenants, agents, designers, contractors, attorneys, etc., shall not sign petition unless Power of Attorney is submitted with the Petition for Variance Application.

_____, being duly sworn, I state as petitioner that I have read the foregoing petition and I believe it is true and that I have significant ownership rights to the subject building or project.

Petitioner's Name (type or print)

Petitioner's Signature	Subscribed and sworn to before me this date	Notary Public	My commission expires on
------------------------	---	---------------	--------------------------

Complete other side for variance requests from ILHR 20-25 and ILHR 50-64.

Owner's Name	Project Location	Plan Number
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Fire Department Position Statement

To be completed for variances requested from ILHR 50-64, ILHR 69, ILHR 10, and other fire related requirements.

I have read the application for variance and recommend: (check appropriate box)

Approval Conditional Approval Denial No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

Fire Department Name and Address	
Name of Fire Chief or Designee (type or print)	Telephone Number
Signature of Fire Chief or Designee	Date Signed

MUNICIPAL BUILDING INSPECTION RECOMMENDATION

To be completed for variances requested from ILHR 20-23. Also to be used if ILHR 50-64 plan review is by municipality or orders are written on the building under construction; optional in other cases.

I have read the application for variance and recommend: (check appropriate box)

Approval Conditional Approval Denial No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

Municipality Exercising Jurisdiction	
Name and Address of Municipal Official (type or print)	Telephone Number of Enforcement Official
Signature of Municipal Enforcement Official	Date Signed

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SANITARY PERMIT REQUIREMENTS

Section Comm 20.09 (5) (b) 3. refers to s. Comm 83.25 (2), which reads as follows:

Comm 83.25 (2) ISSUANCE OF BUILDING PERMITS. (a) *General.* Pursuant to s. 145.95, Stats., the issuance of building permits by a municipality for unsewered properties shall be in accordance with this subsection.

(b) *New construction.* A municipality may not issue a building permit to commence construction or installation of a structure that necessitates the use of a POWTS to serve the structure, unless:

1. The owner of the property possesses a sanitary permit for the installation of a POWTS in accordance with s. Comm 83.21; or
Note: Section Comm 83.21 outlines the procedures for the issuance of sanitary permits. Sections 145.135 and 145.19, Stats., mandate that no private sewage system may be installed unless the owner of the property holds a valid sanitary permit.
2. A POWTS of adequate capability and capacity to accommodate the wastewater flow and contaminant load already exists to serve the structure.

Note: See ss. Comm 83.02 and 83.03 concerning the application of current code requirements to existing POWTS.

(c) *Construction affecting wastewater flow or contaminant load.* 1. A municipality may not issue a building permit to commence construction of any addition or alteration to an existing structure when the proposed construction will modify the design wastewater flow or contaminant load, or both, to an existing POWTS, unless the owner of the property:

- a. Possesses a sanitary permit to either modify the existing POWTS or construct a POWTS to accommodate the modification in waste-water flow or contaminant load, or both; or
 - b. Provides documentation to verify that the existing POWTS is sufficient to accommodate the modification in wastewater flow or contaminant load, or both.
2. For the purpose of this paragraph, a modification in wastewater flow or contaminant load shall be considered to occur:
- a. For commercial facilities, public buildings, and places of employment, when there is a proposed change in occupancy of the structure; or the proposed modification affects either the type or number of plumbing appliances, fixtures or devices discharging to the system; and
 - b. For dwellings, when there is an increase or decrease in the number of bedrooms.

(d) *Documentation of existing capabilities.* Documentation to verify whether an existing POWTS can accommodate a modification in wastewater flow or contaminant load, or both, shall include at least one of the following:

1. A copy of the plan for the existing POWTS that delineates minimum and maximum performance capabilities and which has been previously approved by the department or the governmental unit.
2. Information on the performance capabilities for the existing POWTS that has been recognized through a product approval under ch. Comm 84.
3. A written investigative report prepared by an architect, engineer, designer of plumbing systems, designer of private sewage systems, master plumber, master plumber-restricted service or certified POWTS inspector analyzing the proposed modification and the performance capabilities of the existing POWTS.

(e) *Setbacks.* 1. A municipality may not issue a building permit for construction of any structure or addition to a structure on a site where there exists a POWTS, unless the proposed construction conforms to the applicable setback limitations under s. Comm 83.43 (8) (i).

2. The applicant for a building permit shall provide documentation to the municipality issuing the building permit showing the location and setback distances for the proposed construction relative to all of the following:

- a. Existing POWTS treatment components.
- b. Existing POWTS holding components.
- c. Existing POWTS dispersal components.

Note: A municipality which issues building permits may delegate to the governmental unit responsible for issuing sanitary permits the determination of whether the proposed construction will affect or interfere with an existing POWTS relating to capability or location of the existing POWTS.

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MINIMUM FASTENER SCHEDULE TABLE

*Other interior and exterior panel products and finishes installed per manufacturer requirements.
For engineered connectors, use manufacturer's specified fasteners.*

Description of Building Materials/Connection	Number and Type of Fastener ^{1 2 3}
Floor Framing	
Joist to joist, face nailed over support	2-12d
Joist to sill or girder, toe nail	2-16d, 3-8d
<i>Band or rim joist to joist, end nail</i>	<i>3-16d</i>
<i>Band or rim joist to sill or top plate</i>	<i>2-16d at 16" o.c.</i>
Bridging to joist, toe nail each end	2-8d
Built-up girder and beams, top loaded	10d at 32" o.c. at top and bottom and staggered and two at ends and at each splice
Built-up girder and beams, side-loaded	16d at 16" o.c. at top and bottom and staggered and two at ends and at each splice
Ledger strip to beam, face nail	3-16d each joist
Joist on ledger to beam, toe nail	3-8d
Wall Framing	
Sole plate to joist or blocking, face nail	16d at 16" o.c.
Top or sole plate to stud, end nail	2-16d
Stud to sole plate, toe nail	4-8d or 3-16d
Doubled studs, face nail	16d at 24" o.c.
Doubled top plates, face nail	16d at 16" o.c.
Top plates, laps and intersections, face nail	2-16d
Continuous header, two pieces	16d at 16" o.c. along each edge
Continuous header to stud, toe nail	4-8d
1" corner brace to each stud and plate, face nail	2-8d or 2 staples, 1 3/4"
Built-up corner studs	16d at 30" o.c., 16d at 24" o.c.
Roof/Ceiling Framing	
Ceiling joists to plate, toe nail	2-16d, 3-8d
Ceiling joist, laps over partitions, face nail	3-16d
Ceiling joist to parallel rafters, face nail	3-16d
Rafter to plate, toe nail (maximum 6' rafter span, engineered connector for longer)	2-16d, 3-8d
Roof rafters to ridge, valley or hip rafters, toe nail	4-16d
Roof rafters to ridge, valley or hip rafters, face nail	3-16d
Collar ties to rafters, face nail	3-8d
Boards and planks	
1" x 6" subfloor or less to each joist, face nail	2-8d or 2 staples, 1 3/4"
Wider than 1" x 6" subfloor toe to each joist, face nail	3-8d or 4 staples 1 3/4"
2" subfloor to joist or girder, blind and face nail	2-16d
1" x 6" roof sheathing to each bearing, face nail	2-8d or 2 staples, 1 3/4"
1" x 8" roof sheathing to each bearing, face nail	2-8d or 3 staples, 1 3/4"
Wider than 1" x 8" roof sheathing to each bearing, face nail	3-8d or 4 staples, 1 3/4"
2-inch planks	2-16d at each bearing

Panel Sheathing		Spacing of Fastener	
Material	Fastener	Edges	Intermediate Supports
Engineered wood panel for subfloor and roof sheathing and wall corner wind bracing to framing			
5/16-inch to 1/2-inch	6d common or deformed nail or staple, 1 1/2"	6"	12" ⁴
5/8-inch to 3/4-inch	8d smooth or common, 6d deformed nail, or staple, 14 ga. 1 3/4"	6"	12" ⁴
7/8-inch to 1-inch	8d common or deformed nail	6"	12"
1 1/8-inch to 1 1/4-inch	10d smooth or common, or 8d deformed nail	6"	12"
Combination subfloor/underlayment to framing			
3/4-inch or less	6d deformed or 8d smooth or common nail	6"	12"
7/8-inch to 1-inch	8d smooth, common or deformed nail	6"	12"
1 1/8-inch to 1 1/4-inch	10d smooth or common or 8d deformed nail	6"	12"
Wood panel siding to framing			
1/2-inch or less	6d corrosion-resistant siding and casing nails	6"	12"
5/8-inch	8d corrosion-resistant siding and casing nails	6"	12"

¹All nails are smooth-common, box or deformed shank except where otherwise stated

²Nail is a general description and may be T-head, modified round head or round head.

³Staples are 16-gauge wire, unless otherwise noted, and have a minimum 7/16-inch o.d. crown width.

⁴Staples shall be spaced at not more than 10 inches o.c. at intermediate supports for floors.

UDC Floor & Ceiling Joist and Roof Rafter Span Tables And Design Value Tables

Use the following Span Tables to determine the maximum spans for floor and ceiling joists and roof rafters. These spans are based on:

- simple, single spans (although the tables may be safely used for continuous two-span floor joists)
- uniformly distributed loads
- fully supported members with one edge properly sheathed and nailed
- for floor joists and roof rafters, the top edge shall be properly sheathed and nailed

The criteria for each Span Table is given in the upper left hand corner and is also summarized in the table of Span Tables below. Choose the appropriate Span Table based on the member type and required loading. Select your desired member depth, member spacing and span to determine the minimum Fb value. Note that these tables include recommended deflection criteria. However, for strict code compliance, only the Fb strength requirements must be satisfied. The modulus of elasticity (E) values, would be met for serviceability purposes only.

Note that straight-line interpolation is permitted for intermediate spans and design values. Span is measured from face to face of supports plus one-half of the required bearing of 1.5" on wood or metal and 3" on masonry or concrete at each end. For sloping rafters, the span is measured along the horizontal projection.

Section Comm 21.27 allows reduction of the snow live load for roof slopes greater than 30 degrees (7/12 slope) based on the formula $C_s = 1 - (a-30)/40$, where "a" is the slope of the roof expressed in degrees. Following is a table of tabulated values for certain roof slopes.

Slope	Angle in Degrees	Zone 1 Live Load (psf)	Zone 2 Live Load (psf)
7/12	30	40	30
10/12	40	30	22.5
12/12	45	25	18.8
14/12	50	20	15

Use the Design Value tables following the Span Tables to determine the acceptable species and grades to satisfy minimum Fb values obtained from the Span Tables. The Design Value tables assume at least three members spaced no more than 24" on center. Use the Normal Duration column Fb values for joists and the Snow Loading column Fb values for rafters.

See the following examples for further guidance.

Tables are reprinted courtesy of American Forest & Paper Association.

Table No.	Member Type	Live Load (psf)	Dead Load (psf)	Condition	(Deflection)*
F-2	Floor Joists	40	10	-	L/360
C-1	Ceiling Joists	10	5	Drywall ceiling, no attic storage	L/240
C-2	Ceiling Joists	20	10	Attic storage	L/240
R-2	Roof Rafters	30 (Zone 2)	10	Maximum 2 layers of asphalt shingles or wood shakes/shingles	L/240
R-3	Roof Rafters	40 (Zone 1)	10	Maximum 2 layers of asphalt shingles or wood shakes/shingles	L/240
R-10	Roof Rafters	30 (Zone 2)	20	Heavy roof covering (clay tile)	L/240
R-11	Roof Rafters	40 (Zone 1)	20	Heavy roof covering (clay tile)	L/240
R-14	Roof Rafters	30 (Zone 2)	10	Maximum 2 layers of asphalt shingles or wood shakes/shingles	L/180
R-15	Roof Rafters	40 (Zone 1)	10	Maximum 2 layers of asphalt shingles or wood shakes/shingles	L/180
R-22	Roof Rafters	30 (Zone 2)	20	Heavy roof covering (clay tile)	L/180
R-23	Roof Rafters	40 (Zone 1)	20	Heavy roof covering (clay tile)	L/180

*Deflection criteria are optional. For roof rafters with drywall on the underside, use the stricter L/240 tables to limit deflection.

Example 1. Floor Joists. Assume a required single span of 12'-9", dead load of 10 psf and joists spaced 16 inches on center. Table F-2 (see following highlighted tables) shows that one solution is a grade of 2x8 having an Fb value of 1255 would allow a span of 12'-10 which satisfies the condition. (Note that the recommended E value to limit deflection would be 1,600,000.) Going to the Design Value Tables, we find that as an example, 2x8 Hem Fir grade No.1 has an Fb value of 1310 for normal duration. (It also has an E value of 1,500,000 which does not satisfy the recommended deflection criteria.)

Example 2. Rafters. Assume a horizontal projected span of 13'-0", a live load of 40 psf, dead load of 10 psf, a roof slope of 4/12 and rafters spaced 16 inches on center. Since the slope is shallower than 7/12, there is no allowable reduction of the snow live load. Table R-3 shows that a 2x8 having an Fb value of 1300 would allow a span of 13'-1" which satisfies the condition. (Note that the recommended E value to limit deflection would be 1,120,000.) Going to the Design Value Tables, we find that as an example, 2x8 Douglas Fir-Larch grade No.2 has an Fb value of 1390 for snow loading. (It also has an E value of 1,600,000 which satisfies the recommended deflection criteria.)

Example 1
TABLE F- 2
FLOOR JOISTS WITH L/360 DEFLECTION LIMITS

DESIGN CRITERIA:

Deflection - For 40 psf live load.

Limited to span in inches divided by 360.

Strength - Live load of 40 psf plus dead load

of 10 psf determines the required bending design value.

Joist Size (in)	Spacing (in)	Modulus of Elasticity, E, in 1,000,000 psi																	
		0.8	0.9	1.0	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	2.0	2.1	2.2	2.3	2.4	
2x 6	12.0	8- 6	8-10	9- 2	9- 6	9- 9	10- 0	10- 3	10- 6	10- 9	10-11	11- 2	11- 4	11- 7	11- 9	11-11	12- 1	12- 3	
	16.0	7- 9	8- 0	8- 4	8- 7	8-10	9- 1	9- 4	9- 6	9- 9	9-11	10- 2	10- 4	10- 6	10- 8	10-10	11- 0	11- 2	
	19.2	7- 3	7- 7	7-10	8- 1	8- 4	8- 7	8- 9	9- 0	9- 2	9- 4	9- 6	9- 8	9-10	10- 0	10- 2	10- 4	10- 6	
	24.0	6- 9	7- 0	7- 3	7- 6	7- 9	7-11	8- 2	8- 4	8- 6	8- 8	8-10	9- 0	9- 2	9- 4	9- 6	9- 7	9- 9	
2x 8	12.0	11- 3	11- 8	12- 1	12- 6	12-10	13- 2	13- 6	13-10	14- 2	14- 5	14- 8	15- 0	15- 3	15- 6	15- 9	15-11	16- 2	
	16.0	10- 2	10- 7	11- 0	11- 4	11- 8	12- 0	12- 3	12- 7	12-10	13- 1	13- 4	13- 7	13-10	14- 1	14- 3	14- 6	14- 8	
	19.2	9- 7	10- 0	10- 4	10- 8	11- 0	11- 3	11- 7	11-10	12- 1	12- 4	12- 7	12-10	13- 0	13- 3	13- 5	13- 8	13-10	
	24.0	8-11	9- 3	9- 7	9-11	10- 2	10- 6	10- 9	11- 0	11- 3	11- 5	11- 8	11-11	12- 1	12- 3	12- 6	12- 8	12-10	
2x10	12.0	14- 4	14-11	15- 5	15-11	16- 5	16-10	17- 3	17- 8	18- 0	18- 5	18- 9	19- 1	19- 5	19- 9	20- 1	20- 4	20- 8	
	16.0	13- 0	13- 6	14- 0	14- 6	14-11	15- 3	15- 8	16- 0	16- 5	16- 9	17- 0	17- 4	17- 8	17-11	18- 3	18- 6	18- 9	
	19.2	12- 3	12- 9	13- 2	13- 7	14- 0	14- 5	14- 9	15- 1	15- 5	15- 9	16- 0	16- 4	16- 7	16-11	17- 2	17- 5	17- 8	
	24.0	11- 4	11-10	12- 3	12- 8	13- 0	13- 4	13- 8	14- 0	14- 4	14- 7	14-11	15- 2	15- 5	15- 8	15-11	16- 2	16- 5	
2x12	12.0	17- 5	18- 1	18- 9	19- 4	19-11	20- 6	21- 0	21- 6	21-11	22- 5	22-10	23- 3	23- 7	24- 0	24- 5	24- 9	25- 1	
	16.0	15-10	16- 5	17- 0	17- 7	18- 1	18- 7	19- 1	19- 6	19-11	20- 4	20- 9	21- 1	21- 6	21-10	22- 2	22- 6	22-10	
	19.2	14-11	15- 6	16- 0	16- 7	17- 0	17- 6	17-11	18- 4	18- 9	19- 2	19- 6	19-10	20- 2	20- 6	20-10	21- 2	21- 6	
	24.0	13-10	14- 4	14-11	15- 4	15-10	16- 3	16- 8	17- 0	17- 5	17- 9	18- 1	18- 5	18- 9	19- 1	19- 4	19- 8	19-11	
F _b	12.0	718	777	833	888	941	993	1043	1092	1140	1187	1233	1278	1323	1367	1410	1452	1494	
F _b	16.0	790	855	917	977	1036	1093	1148	1202	1255	1306	1357	1407	1456	1504	1551	1598	1644	
F _b	19.2	840	909	975	1039	1101	1161	1220	1277	1333	1388	1442	1495	1547	1598	1649	1698	1747	
F _b	24.0	905	979	1050	1119	1186	1251	1314	1376	1436	1496	1554	1611	1667	1722	1776	1829	1882	

Note: The required bending design value, F_b, in pounds per square inch is shown at the bottom of each table and is applicable to all lumber sizes shown. Spans are shown in feet-inches and are limited to 26' and less. Check sources of supply for availability of lumber in lengths greater than 20'.

Example 1

Species and Grade	Size	Design Value in Bending, "Fb"		Modulus of Elasticity "E"	Grading Rules Agency
		Normal Duration	Snow Loading		
Eastern White Pine					
Select Structural	2x4	2155	2480	1,200,000	NELMA NSLB
No.1		1335	1535	1,100,000	
No.2		990	1140	1,100,000	
No.3		605	695	900,000	
Stud		570	655	900,000	
Construction		775	895	1,000,000	
Standard		430	495	900,000	
Utility		200	230	800,000	
Select Structural	2x6	1870	2150	1,200,000	
No.1		1160	1330	1,100,000	
No.2		860	990	1,100,000	
No.3		525	600	900,000	
Stud		520	595	900,000	
Select Structural	2x8	1725	1985	1,200,000	
No.1		1070	1230	1,100,000	
No.2		795	915	1,100,000	
No.3		485	555	900,000	
Select Structural	2x10	1580	1820	1,200,000	
No.1		980	1125	1,100,000	
No.2		725	835	1,100,000	
No.3		445	510	900,000	
Select Structural	2x12	1440	1655	1,200,000	
No.1		890	1025	1,100,000	
No.2		660	760	1,100,000	
No.3		405	465	900,000	
Hem Fir					
Select Structural	2x4	2415	2775	1,600,000	WCLIB WWPA
No.1 & Btr		1810	2085	1,500,000	
No.1		1640	1885	1,500,000	
No.2		1465	1685	1,300,000	
No.3		865	990	1,200,000	
Stud		855	980	1,200,000	
Construction		1120	1290	1,300,000	
Standard		635	725	1,200,000	
Utility		290	330	1,100,000	
Select Structural	2x6	2095	2405	1,600,000	
No.1 & Btr		1570	1805	1,500,000	
No.1		1420	1635	1,500,000	
No.2		1270	1460	1,300,000	
No.3		750	860	1,200,000	
Stud		775	895	1,200,000	
Select Structural	2x8	1930	2220	1,600,000	
No.1 & Btr		1450	1665	1,500,000	
No.1	2x8	1310	1510	1,500,000	
No.2	2x10	1175	1350	1,300,000	
No.3		690	795	1,200,000	
Select Structural		1770	2035	1,600,000	
No.1 & Btr		1330	1525	1,500,000	
No.1		1200	1380	1,500,000	
No.2		1075	1235	1,300,000	
No.3		635	725	1,200,000	
Select Structural	2x12	1610	1850	1,600,000	
No.1 & Btr		1210	1390	1,500,000	
No.1		1095	1255	1,500,000	
No.2		980	1125	1,300,000	
No.3		575	660	1,200,000	

Example 2
TABLE R-3
RAFTERS WITH L/240 DEFLECTION LIMITATION

DESIGN CRITERIA:

Strength - Live Load of 40 psf plus

Dead Load of 10 psf determines the required bending design value.

Deflection - For 40 psf live load.

Limited to span in inches divided by 240.

Size (in)	Spacing (in)	Rafter Bending Design Value, F_b , (psi)																					
		300	400	500	600	700	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400
2x 6	12.0	5- 6	6- 4	7- 1	7- 9	8- 5	9- 0	9- 6	10- 0	10- 6	11- 0	11- 5	11-11	12- 4	12- 8	13- 1	13- 6	13-10	14- 2				
	16.0	4- 9	5- 6	6- 2	6- 9	7- 3	7- 9	8- 3	8- 8	9- 1	9- 6	9-11	10- 3	10- 8	11- 0	11- 4	11- 8	12- 0	12- 4	12- 7	12-11		
	19.2	4- 4	5- 0	5- 7	6- 2	6- 8	7- 1	7- 6	7-11	8- 4	8- 8	9- 1	9- 5	9- 9	10- 0	10- 4	10- 8	10-11	11- 3	11- 6	11- 9	12- 0	12- 4
	24.0	3-11	4- 6	5- 0	5- 6	5-11	6- 4	6- 9	7- 1	7- 5	7- 9	8- 1	8- 5	8- 8	9- 0	9- 3	9- 6	9- 9	10- 0	10- 3	10- 6	10- 9	11- 0
2x 8	12.0	7- 3	8- 4	9- 4	10- 3	11- 1	11-10	12- 7	13- 3	13-11	14- 6	15- 1	15- 8	16- 3	16- 9	17- 3	17- 9	18- 3	18- 9				
	16.0	6- 3	7- 3	8- 1	8-11	9- 7	10- 3	10-10	11- 6	12- 0	12- 7	13- 1	13- 7	14- 0	14- 6	14-11	15- 5	15-10	16- 3	16- 7	17- 0		
	19.2	5- 9	6- 7	7- 5	8- 1	8- 9	9- 4	9-11	10- 6	11- 0	11- 6	11-11	12- 5	12-10	13- 3	13- 8	14- 0	14- 5	14-10	15- 2	15- 6	15-10	16- 3
	24.0	5- 2	5-11	6- 7	7- 3	7-10	8- 4	8-11	9- 4	9-10	10- 3	10- 8	11- 1	11- 6	11-10	12- 2	12- 7	12-11	13- 3	13- 7	13-11	14- 2	14- 6
2x10	12.0	9- 3	10- 8	11-11	13- 1	14- 2	15- 1	16- 0	16-11	17- 9	18- 6	19- 3	20- 0	20- 8	21- 4	22- 0	22- 8	23- 3	23-11				
	16.0	8- 0	9- 3	10- 4	11- 4	12- 3	13- 1	13-10	14- 8	15- 4	16- 0	16- 8	17- 4	17-11	18- 6	19- 1	19- 7	20- 2	20- 8	21- 2	21- 8		
	19.2	7- 4	8- 5	9- 5	10- 4	11- 2	11-11	12- 8	13- 4	14- 0	14- 8	15- 3	15-10	16- 4	16-11	17- 5	17-11	18- 5	18-11	19- 4	19-10	20- 3	20- 8
	24.0	6- 6	7- 7	8- 5	9- 3	10- 0	10- 8	11- 4	11-11	12- 6	13- 1	13- 7	14- 2	14- 8	15- 1	15- 7	16- 0	16- 6	16-11	17- 4	17- 9	18- 1	18- 6
2x12	12.0	11- 3	13- 0	14- 6	15-11	17- 2	18- 4	19- 6	20- 6	21- 7	22- 6	23- 5	24- 4	25- 2	26- 0								
	16.0	9- 9	11- 3	12- 7	13- 9	14-11	15-11	16-10	17- 9	18- 8	19- 6	20- 3	21- 1	21- 9	22- 6	23- 2	23-10	24- 6	25- 2	25- 9			
	19.2	8-11	10- 3	11- 6	12- 7	13- 7	14- 6	15- 5	16- 3	17- 0	17- 9	18- 6	19- 3	19-11	20- 6	21- 2	21- 9	22- 5	23- 0	23- 6	24- 1	24- 8	25- 2
	24.0	7-11	9- 2	10- 3	11- 3	12- 2	13- 0	13- 9	14- 6	15- 3	15-11	16- 7	17- 2	17- 9	18- 4	18-11	19- 6	20- 0	20- 6	21- 1	21- 7	22- 0	22- 6
E	12.0	0.14	0.22	0.31	0.41	0.51	0.63	0.75	0.88	1.01	1.15	1.30	1.45	1.61	1.77	1.94	2.12	2.30	2.48				
E	16.0	0.12	0.19	0.27	0.35	0.44	0.54	0.65	0.76	0.88	1.00	1.12	1.26	1.39	1.54	1.68	1.83	1.99	2.15	2.31	2.48		
E	19.2	0.11	0.18	0.24	0.32	0.41	0.50	0.59	0.69	0.80	0.91	1.03	1.15	1.27	1.40	1.54	1.67	1.81	1.96	2.11	2.26	2.42	2.58
E	24.0	0.10	0.16	0.22	0.29	0.36	0.44	0.53	0.62	0.71	0.81	0.92	1.03	1.14	1.25	1.37	1.50	1.62	1.75	1.89	2.02	2.16	2.30

Note: The required modulus of elasticity, E, in 1,000,000 pounds per square inch is shown at the bottom of each table, is limited to 2.6 million psi and less, and is applicable to all lumber sizes shown. Spans are shown in feet-inches and are limited to 26' and less. Check sources of supply for availability of lumber in lengths greater than 20'.